

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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OCT 25 2017

PLEASE PRINT

		NEW HAMPSHIRE		
I. Name of Lobbyist(s):	Paul A. Worsowicz; Heidi L. Kr	DEPARTMENT OF STATE		
II. Name of Lobbyist's p	artnership, firm or corporation, if any:			
	GALLAGHER, CALLAHAN	& GARTRELL, P.C.		
	214 North Main Street, Co			
603-228-118				
(Telephone	(Fax)	(Email)		
	rs: (Choose one – file separate reports fo actions which are not attributable to any	r each client, OR you may file a separate report for one client.)		
X All reportable trans	sactions occurring in the month prior to the	reporting date relative to the following client.		
	LIFE COPING	, INC.		
	(Full Name of Client as it appears on the L			
All reportable transum unrelated to any page		yist's family), or the lobbying firm listed below which are		
IV. Date of Report:	April 26, 2017 🔲	July 26, 2017 🔲		
	ty from date of registration to 3/31/17	activity from 4/1/17 to 6/30/17		
	October 25, 2017 🗵	January 24, 2018 □		
act	ivity from 7/1/17 to 9/30/17	activity from 10/1/17 to 12/31/17		
V. There have been no for If this box is checked, come Concord, NH 03301.	ees received and no reportable transaction applete just this form and submit it to the Sec	ns made since the last report. retary of State's Office, State House, Room 204,		
VI. Check if additional If you have receive	reports are attached: ed fees or made expenditures, you must file	Addendum A – Fees and Expenses		
If you have paid an honorarium or reimbursed expenses, you must file Addendum B – Report of Honorariums or Expense Reimbursement				
		ons, you must file Addendum C – Political Contributions		
Sworn Statement/Affirm I have read RSA 15, RSA to the best of my knowled	15-B and RSA 664 and hereby swear or af	irm that the foregoing information is true and complete		
2	· · · · · · · · · · · · · · · · · · ·	10-23-17		
(Signature of Lobbyist)	orsonie	10-23-17 (Date)		
Paul A. Worsowicz				
(Print Name of lobbyist)				



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Paul A. Worsowicz; Heidi L. Kroll										
II. Name of lobbyist's partnership, firm or corporation, if any: GALLAGHER, CALLAHAN & GARTRELL, P.C. (Name of partnership, firm or corporation)										
							III. Name of Client LIFE COPING, INC.	Date _	October 25, 2017	
							IV. Fees Received Indicate the gross amount of all fees received from the client identified above th lobbying, including fees for services such as public advocacy, government relat including research, monitoring legislation, and related legal work. The gross fe by any expenses:	ions, or pu	iblic relations services.	,
a) Total of all fees received in this reporting period		a) \$3.25	50.00							
b) Total of all fees received this calendar year, prior to this reporting period. (This should equal the total prior monthly reports for this calendar year.)		b) \$11,47	75.00							
c) Total of all fees received to date. (Add lines a and b)		c) \$14,72	25.00							
d) Indicate the amount of any such fees that are due, but have not yet been paid.		d) \$1,62	25.00							
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each clic lobbyist(s)/firm that are unrelated to any one client a separate report may be fare to be reported in one of three categories of expenses: (a) the aggregate reporting period for salaries, benefits, support staff, and office expenses; (bexpenses where the expenditure was of \$25.00 or less (for example: meals put the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 the purchase of a ceremonial object given to a person being lobbied with a value statement of each individual expenditure made during this reporting period of a covered by (a) (for example: purchase of a meal with value of greater than \$25 given to the subject of lobbying with a value greater than \$25 but not great legislative reception). Expenses for honorariums, expense reimbursement, or on separate addendums and should not be reported on Addendum A.	ent and if control in the detection of the aggrand at its given of \$25.00 greater that the feet than \$5 purchase feet than \$5	expenditures are made e lobbyist(s)/firm. Ex all expenses paid duri regate total of all ind uring a business lunch to the person being lo or less); and (c) an ite in \$25.00 for any purpo e of a ceremonial objects 50, restaurant expense	by the penses ing the ividual where obbied, emized ose not ct to be s for a							
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.b) Total aggregate of expenditures during this reporting period, not reported	a) \$ b) \$	4,875.								
in a), of \$25 or less.	c) \$		00_							
c) Total of all itemized expenditures reported in detail in section VI.	-, -		00_							

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: LIFE COPING, INC.						
d) Total expenses for this reporting period. (Add lines a, b and c.)	d) \$	4,875.00				
e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's report.)		9,850.00				
f) Total of all expenses year to date.	f) \$	14,725.00				
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged.						
Paid to:	ø	ount				
	- \$					
	_ \$ <u></u>					
	_ \$					
	- 💲					
	_ Ψ 					
Sworn Statement/Affirmation by Lobbyist						
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the for is true and complete to the best of my knowledge and belief.	regoing is	nformation				
(Signature of lobbyist) 10-0	73-77					
(Signature of lobbyist) (D	ate)					
Paul A. Worsowicz (Print Name of Lobbyist)						

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Statement of Income a	•					
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.						
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Life Coping, Inc.						
Date of Report (check o	one):					
April 26, 2017 □	July 26, 2017 🗆	October 25, 2017 🔀	January 24, 2018 🗆			
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):						
1 Addendum A(s).						
0 Addendum B(s).						
0 Addendum C(s).						
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.						
(Signature of Lobbyist)	<u>.u</u>		10·23·17 (Date)			
Heidi L. Kroll (Print Name of lobbyis	st)					
(1 thit Maine of loody).	31)					